Department of Commerce, Community and Economic Development FY23 Community Assistance Program





Department of Commerce, Community, and Economic Development Julie Sande, Commissioner

Division of Community and Regional Affairs Sandra Moller, Director



FY 2023 COMMUNITY ASSISTANCE PROGRAM REQUIREMENTS AND CERTIFICATION NATIVE VILLAGE COUNCIL APPLICATION

DEADLINE: JUNE 1, 2022

NAME OF VILLAGE COUNCIL	CONTACT NAME
MAILING ADDRESS	CONTACT EMAIL ADDRESS
CITY, STATE, ZIP CODE	CONTACT PHONE & FAX NUMBER
ACKNOWLEDGE THE REQUIREMENTS BY CHECKING	G OR INITIALING EACH BOX:
	ly for a public purpose as required under AS 29.60.850(a) ble a service or facility with the funds under AS 29.60.855
Subject to AS 29.60.865(a) and 3 AAC 180.130, a covillage council unless the council waives its sovereign	mmunity assistance payment will not be made to a nativen immunity.
	d by 3 AAC 180.010 (4), all records relating to receipt and r at least three years, or longer if there is an unresolved nce.
A statement of expenditures of the prior year's commapplication.	nunity assistance payment, budget form for current year's
CERTIFICATION:	
As the highest ranking official, I certify the	understands the e of Native Village Council) when t and agrees to comply with all laws and
regulations governing the community assistance funds.	
Signature	Date
Printed Name and Title	

FY 2023 COMMUNITY ASSISTANCE PROGRAM PROPOSED CAP BUDGET

Native Village Name

Please describe below how your organization proposes to use its estimated FY 2023 Community Assistance Program payment.

FUEL	\$
ELECTRICITY	\$
INSURANCE	\$
EDUCATION	\$
EMS	\$
WATER/SEWER	\$
PUBLIC SAFETY	\$
FIRE	\$
ROAD MAINTENANCE	\$
HARBORS	\$
HEALTH	\$
GENERAL ADMINISTRATION	\$
OTHER	\$
OTHER	\$
OTHER	\$
FY 2023 ESTIMATED PAYMENT	\$

FY 2023 COMMUNITY ASSISTANCE PROGRAM Statement of Expenditures for Prior Year Payment

Native Village Name

Please detail below how your organization spent its FY 2022 Community Assistance Payment.

FY 2022 TOTAL PAYMENT	\$
SAVINGS/NOT SPENT	\$
OTHER	\$
GENERAL ADMINISTRATION	\$
HEALTH	\$
HARBORS	\$
ROAD MAINTENANCE	\$
FIRE	\$
PUBLIC SAFETY	\$
WATER/SEWER	\$
EMS	\$
EDUCATION	\$
INSURANCE	\$
ELECTRICITY	\$
FUEL	\$

WAIVER OF SOVEREIGN IMMUNITY FOR TRIBAL ENTITIES RESOLUTION NO._____

		of Native village council) wishes to receive payment
	-	d Economic Development Community Assistance
Paymer	nt Program in State Fiscal Year 2023; and	
soverei	•	ires the entity's governing body to waive the entity's ate with respect to claims arising out of activities
village of Courts of for allow of or reaction of agency (Name)	or in a state administrative agency proceeding wable pre-judgment or post-judgment interest lated to the payment, to enforcement of any corragency proceeding, and to levy and execution proceeding against all property and funds of the Native village council) however held and was series and funds of the Native village council.	, (Name of Native ign immunity and consents to suit in Alaska State g for any cause of action or claim (including any claim st, costs and attorney fees) filed by the state arising out ourt or agency order or judgment entered in such on of any judgment entered in any such lawsuit or the, wherever located, provided that such execution of
	ent not exceed the program payment.	
BE IT F	URTHER RESOLVED THAT:	(Chief Administrative
Officer,	Chief, President) is hereby authorized to nego	otiate, execute, and administer any and all
docume	ents and contracts required for granting funds	
	•	of Native village council) and managing funds on
behalf o	of this entity, including any subsequent amend	lments to the payment agreement.
of limital	ations on any cause of action or claim arising	nall remain in effect until the expiration of the statute out of or related to the payment, including, but not emand for reimbursement of program funds. Issues and under the laws of the State of Alaska.
This res	solution was adopted at a duly convened mee	ting of the(Name of
		0and complies with all current requirements
	ary for the	(Name of Native village council) to validly and
	ably waive its sovereign immunity.	
IN WIT	NESS THERETO:	
By:		
•	Signature Chief Administrative Officer	Title
Attest:_		
	Signature Clerk or Secretary of Organization	Title

Instructions for FY23 Community Assistance Program Requirements and Certification Native Village Application

The native village's requirements and certification application and resolution waiving sovereign immunity <u>must</u> be received no later than <u>June 1, 2022</u>. Please check or initial each box indicating your organization understands the requirement for receiving the community assistance payment. Be certain the form is signed and dated before submitting.

The requirements and certification form and resolution waiving sovereign immunity may be submitted by electronic mail received no later than 4:30PM on June 1st. This is the preferred method for receiving the form. Email forms to: caa@alaska.gov (See special instructions for submitting by email below.)

A community assistance payment will not be made to a native village council unless the council waives its sovereign immunity. The provided waiver of sovereign immunity resolution must be adopted by the council and be submitted with this certification.

Community Assistance Program regulations (3 AAC 180) effective December 22, 2017, require all entities to submit a statement of expenditures of the prior year's community assistance payment and the budget for the current year's payment. A statement of expenditures form and budget form are provided.

The community assistance payment will not be made until all required documents have been submitted. Please submit the required documents at the earliest opportunity; these are not subject to the June 1st deadline. These documents may also be submitted by electronic mail.

Special Instruction for submitting by electronic mail

Emailed documents are submitted to: caa@alaska.gov
The subject line must include: Entity name –CAP Program – FY Document Name
Ex. "Caribou Village – CAP – FY23 Application"

To mail: DCCED DCRA CAA, PO Box 110809, Juneau, AK 99811-0809

Fax: 907-465-4761

If there are questions concerning the Community Assistance Program, please contact Jean Mason at (907)465-5647 or email caa@alaska.gov.

Statutes, regulations, and forms are available at: https://www.commerce.alaska.gov/web/dcra/GrantandFunding/CommunityRevenueSharing.aspx